

# Temporary Assistance (TA) Applicant Assessment

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DCN: \_\_\_\_\_

Case Manager or Other Office Personnel Read the Statement Below to the TA Applicant:

Since you applied for Temporary Assistance (TA) payments at the Family Support Division (FSD), state law requires you to complete an assessment. You must fully complete the assessment questions below. If you do not understand a question or cannot read the questions, someone in the office will help you complete this form. All information given is confidential.

**1. Do you have a job?** ☐ No. ☐ Yes, complete:

Employer Name: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_

Wage: \$\_\_\_\_\_. Wage is Per: ☐ Hour ☐ Week ☐ Month ☐ Bi-Weekly

☐ Other (Explain): \_\_\_\_\_

**2. Do you get paid for work you do? (For example: mowing yards; cutting/styling hair; receiving rent for work; cleaning houses; fixing houses; etc.)** ☐ No. ☐ Yes, complete:

Type of work: \_\_\_\_\_

*Amount of Payment After Your Costs: (For example: If you babysit, subtract food costs to feed the children you were paid for. If you mow yards, take out the cost you paid to buy gas to mow that yard(s). If you receive rent in exchange for cleaning buildings, subtract out your costs (if there are any) for cleaning supplies.)*

Payment is Per: ☐ Hour ☐ Week ☐ Month ☐ Bi-Weekly ☐ Other: \_\_\_\_\_

Payment Amount: \$\_\_\_\_\_. If the payment changes, enter the payments received for the last 8 weeks:

(A week is Saturday-Friday.)

Week 1: \$\_\_\_\_\_. Week 2: \$\_\_\_\_\_. Week 3: \$\_\_\_\_\_. Week 4: \$\_\_\_\_\_. Week 5: \$\_\_\_\_\_. Week 6: \$\_\_\_\_\_. Week 7: \$\_\_\_\_\_. Week 8: \$\_\_\_\_\_.

**3. Are you going to school or training?** ☐ No. ☐ Yes, complete:

School Name: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_

Type of School: ☐ Elementary/Jr. High ☐ High School ☐ College ☐ Vocational School

☐ Other: \_\_\_\_\_

**4. Do you have someone to watch your child(ren) if you go to work and/or school?** ☐ No. ☐ Yes.

**5. Do you have transportation to go to work and/or school?** ☐ No. ☐ Yes, complete:

Type: (i.e. my car, bus, bike, ride with neighbor, etc.) \_\_\_\_\_

**6. Do you think working or going to school/training could make someone in your household become abusive or more abusive?** ☐ No. ☐ Yes. \_\_\_\_\_

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(Note: A federal week is Saturday through Friday.)

Your calculated hours will change if your childcare, household's size, or children's age changes.

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\_\_\_\_\_  
Your Signature                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Your Signature                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

Contact Name	Contact Phone
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